

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

7518

## 1. PLACE OF DEATH

County Buchanan  
Township Washington  
City St Joseph #2 (No. 2)

Registration District No. 876  
Primary Registration District No. 5127

File No. 21  
Registered No. 21  
St. 21 Ward

## 2. FULL NAME

James Lewis Adkins

(a) Residence, No.                      St.                      Ward.                       
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Minnie Adkins  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-4-1868  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 63 3 12 179

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. water Co  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. water Co  
10. Date deceased last worked at this occupation (month and year) April - 1929 11. Total time (years) spent in this occupation                     

12. BIRTHPLACE (CITY OR TOWN) Savannah (STATE OR COUNTRY) Missouri

13. NAME mm Adkins

14. BIRTHPLACE (CITY OR TOWN) Ind. (STATE OR COUNTRY) Ind.

15. MAIDEN NAME Mary minor

16. BIRTHPLACE (CITY OR TOWN) Ind. (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) J. T. Terhune

18. BURIAL, CREMATION, OR REMOVAL PLACE Bennet Lane DATE March-18-1932

19. UNDERTAKER (ADDRESS) J. Fred Terhune

20. FILED Mar 18 1932 J. T. Terhune Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1932, 1932, to March 16, 1932

I last saw him alive on March 5, 1932. Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

Intermittent Nephritis Date of onset                       
and Enlarged Prostate                     

131 131  
131 131  
131 131

Other contributory causes of importance:                     

131 131  
131 131  
131 131

Name of operation                      Date of                       
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?                      Date of injury                     , 19                    

Where did injury occur?                      (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury                       
Nature of injury                     

24. Was disease or injury in any way related to occupation of deceased?                       
If so, specify                     

(Signed) J. T. Terhune, M. D.  
(Address) 283 St Joseph Ave

